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Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	11414	
Facility Name:	Kindred Hospital - Los Angeles	
Address:	5525 W. Slauson Ave.	
City:	Los Angeles	
Hospital Owner/Lice	nsee: THC-Orange County, Inc	
Year of Rep	orting: 2010	
Contact 1 e-mail Ac	dress:	
Contact 2 e-mail Ac	dress:	
Contact 3 e-mail Ad	lress::	
Name of Sub	mitter: Peter Lomeli	
Submission	Date: 2/11/2011 10:22:26 AM	

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Original Building - Building I	5525 W. Slauson Ave.	Retrofit	SPC2 [01/01/2013	10/31/2012
05	Storage / Maintenance - Building V	5525 W. Slauson Ave.	Retrofit	SPC2	01/01/2013	10/31/2012

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For each building which is planned for retrofitting or replacement, provide the project numbers, per Section 130061(c)(1)(C). The projected construction start date or dates and projected Completion date or dates per Section 130061(c)(1)(D) and the most recent project status and approvals per Section 130061(c)(1)(E).

Building No: 01	Original Building - Building I		Retrofit/Replacement Project:	Yes-Planned	
Facility Project Sub <u>Number Number Num</u>	Scope	Date Plan Appr in Dat	, , ,	Completed Status (Date F	CEQA Review
11414 SL001048 0		08/22/2000 03/0	08/2001 08/07/2001	CLSD	No
11414 SL950637 0		09/08/1995 11/2	21/1995 11/01/1995	CLSD	No

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 01 Building Name: Original Building - Building I								
Type of S	Type of Service Provided							
X Nurs	sing	Inpatient Beds	27 Inpatient 9615 Days	Surgical	Obstetrical Recovery			
X Inter	nsiveCare	Inpatient Beds	5 Inpatient Days 1685	Anesthesia	Newborn/ WellBaby			
Pedi esce	atric/Adol ent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency			
Psyc	chiatric sing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine			
	tetrical /Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical Dietetic	X Rehabilitation Therapy			
Inter Care	mediate	Inpatient Beds	0 Inpatient Days 0	X Administration	X Renal Dialysis			
Skille	ed Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	Outpatient Surgery			
			Total Beds this Building 32	Cesarean/Deliv	Central Plant			

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 05	Buildi	ing Name: Storage / Maintenance - Bu	uilding V	
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	01	Building Name: Orig	inal Building - Building I		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 27 Bed	Inpatient 9615 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developi Disabled	ment
Inpatient 5 Bed	Inpatient 1685 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	32	32

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	05	Building Name: Store	age / Maintenance - Buil	ding V	
Medical / Surgical ((Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Buildin Numbe	Building Name	Building to be Removed
01	Original Building - Building I	
02	Addition - Building II	
03	Southeast Addition - Building III	
04	Power Service Station - Building IV	
05	Storage / Maintenance - Building V	

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	01 Buildir	g Name: Original Building - Buil	ding I		
Type of Servic	e Provided				
		Surgical	Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	Nursing	Anesthesia			
X	IntensiveCare	, who can be shall	Obstetrical Recovery	X	Renal Dialysis
	Pediatric/Adol	Clinical Lab	,		Outpatient
	escent	Radiological/	Newborn/ WellBaby	Ш	Surgery
	Psychiatric Nursing	Imaging			
	. tale.i.g	X Pharmaceutical	Emergency		Central Plant
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	X	Support Services
	Intermediate				
	Care	X Administration			
	Skilled Nursing				

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	05 Bu	uilding Name: Storage / Maintenance	e - Building V					
Type of Service Provided								
		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
	Nursing	Anesthesia	_					
	IntensiveCare		Obstetrical Recovery	Renal Dialysis				
	Pediatric/Adol escent	Clinical Lab	Newborn/	Outpatient Surgery				
_		Radiological/ Imaging	WellBaby	— Gaigery				
	Psychiatric Nursing	Pharmaceutical	Emergency	Central Plant				
	Obstetrical Ante/Postprtum	Dietetic	Nuclear Medicine	X Support Services				
	Intermediate Care	Administration						
	Skilled Nursing							

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	Building Number: 01 Building Name: Original Building - Building I							
Configuration .	Retrofit Non-Confo	orming buildi	ng to SPC 5 and NPC 4	or NPC	5			
Type of Service	e Provided							
X	lursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy	
X Ir	ntensiveCare		Anesthesia		Obstetrical	X	Renal Dialysis	
	Pediatric/Adol scent		Clinical Lab		Recovery			
	Psychiatric Jursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
1 1 -	Obstetrical Inte/Postprtum	X	Pharmaceutical		F		Control Diagra	
	ntermediate		Dietetic	Ш	Emergency	Ш	Central Plant	
	Care				Nuclear Medicine	X	Support Services	
	Skilled Nursing	X	Administration					

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	02	Building Name: Addition - Building II								
Configuration .	Retrofit Non-Confo	rming buildir	ng to SPC 5 and NPC	4 or NPC	5					
Type of Service	e Provided									
X Nu	ursing	Х	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy			
Int	tensiveCare	X	Anesthesia		Obstetrical	X	Renal Dialysis			
	ediatric/Adol scent	X	Clinical Lab		Recovery					
	sychiatric ursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery			
	ostetrical nte/Postprtum		Pharmaceutical		Emergency	X	Central Plant			
	termediate	X	Dietetic		Lineigency		Ochilai Fiant			
	are killed Nursing	X	Administration		Nuclear Medicine	X	Support Services			

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	03	Building Na	me: Southeast Addi	tion - Buildi	ng III		
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service	ce Provided						
X N	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
1 1	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
I I	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	ntermediate Care		Dietetic				Cuppert
	Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	04	Building Na	me: Power Service	Station - Bu	uilding IV		
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Service	e Provided						
	lursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
1 1	rediatric/Adol scent		Clinical Lab		Recovery		
	sychiatric Iursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical .nte/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	ntermediate		Dietetic	_		<u></u>	osar. iam
	care skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	05	Building Na	me: Storage / Maintena	ance - B	uilding V		
Configuration :	Retrofit Non-Confo	orming buildi	ng to SPC 5 and NPC 4	or NPC	5		
Type of Service	ce Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Ir	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
1 1	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	ntermediate		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Build	ing Number: 02						
Тур	e of Service Prov	<u>rided</u>					
X	Nursing	Inpatient Beds	43	X	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0	X	Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0	X	Clinical Lab	Obstetrical Recovery	X Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0	X	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Central Plant
	Intermediate Care	Inpatient Beds	0	X	Dietetic	Nuclear Medicine	X Support Services
	Skilled Nursing	Inpatient Beds	0	X	Administration		
	Total Beds this Building		43				

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Buildi						
Туре	e of Service Prov	<u>ided</u>				
X	Nursing	Inpatient Beds	6	Surgical	Obstetrical Cesarean/Deliv	X Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0	Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant
	Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	X Support Services
	Skilled Nursing	Inpatient Beds	0	Administration		
	Total Beds this Building		6			

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Buildi	ng Number: 04	Buildin	g Name:	ower Service	e Station - Building IV	,	
Тур	e of Service Prov	<u>rided</u>					
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare	Inpatient Beds	0		Anesthesia		
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Central Plant
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	X Support Services
	Skilled Nursing	Inpatient Beds	0		Administration		
	Total Beds this Building		0				

Report Status: **Data Last Update:** 02/11/2011 **Submission Date:** 02/11/2011 **Print Date:** 2/14/2011 8:04 AM

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	2 Build	ing Name: Addi	tion - Building II			
Medical / Surgical (Ind	clude GYN)	Acute Respiratory	Care	Acute Psychiatric		
Inpatient 43 Bed	Inpatient 16483 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Perinatal (excluse Ne	wborn / GYN)	Burn		Skilled Nursing		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	
Pediatric		intensive Care New Nursery	wborn	Intermediate Card		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Bed	Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	43	43	

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	03 Buile	ding Name: Sout	theast Addition - Building	III			
Medical / Surgical (I	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric	Acute Psychiatric		
Inpatient 6 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days		
Pediatric		intensive Care New Nursery	wborn	Intermediate Card			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / develop	nent		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	6	6		

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Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	04 Build	ding Name: Pow	er Service Station - Buildi	ing IV			
Medical / Surgical (In	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric	Acute Psychiatric		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Perinatal (excluse N	ewborn / GYN)	Burn		Skilled Nursing			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days		
Pediatric		intensive Care Nev Nursery	wborn	Intermediate Card			
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days		
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service		
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0		